# APPENDIX

Date	REQUISITION BLANK		No.			
	LIVER TOA					
QUANTITY OR UNIT		UNIT	CHAR			
ORDERED DELIV'D	DESCRIPTION	PRICE	AMOUNT	ACCT. NO.		
ORDERED DEELV D	A A	111102	7	7.0011110		
	<b>y</b>					
AUTHORIZED BY	ORDERED BY	GOODS RECEIVED BY				
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PRESCRIBED BY STATE B	BOARD OF ACCOUNTS	<b>i</b>				GENERAL F	FORM NO. 98 (REV. 1998)
	7071112 01 7100001110		PURCHASE	ORDER		02.112.10.12.1	<u> </u>
NOTE: NO CLAIMS WILL	BE APPROVED		i ononao.	LONDEN			
FOR PAYMENT UNLESS O							
OF THIS ORDER OR THE F	P.O. NUMBER IS		GOVERNMENT	AL UNIT	-	P.O. NO	
MADE A PART OF THE VO	UCHER.					This no. must be s	shewn on invoice, claim,
					_	and deli	ivery memos.
то			ADDRE	SS		DATE	
			<del></del>				
ADDRESS						REQ	
CITY						IN ACCORDANCE WIT	H BID AND
						CONTRACT DATED	
						If subject to discount	
SHIP VIA						indicate on Invoice or	Claim.
CHARGE TO  APPROPRIATION F	OR				APPROPRIATION NUM	BER	
			DECORIDATION				AMOUNT
QUANTITY	UNIT		DESCRIPTION		UNIT PRICE		AMOUNT
			1	OIL			
			SAL				
				TOTAL AMO	JNT OF ORDER	\$	
I HEREBY CERTIFY	THAT THERE IS AN U	NOBLIGATED BALANCE IN	THIS		BILLING ON THIS ORDER MUS	T BE ACCORDING TO	PRICES SHOWN ABOVE
APPROPRIATION SU	FFICIENT TO PAY FOR	R THE ABOVE ORDER			ORDER BY		
						Title	
EEDE	RAL EXCISE TA	VEVEMBT			INDIANA	RETAIL TAX EXE	MDT
	INAL LAUISE IA	A LALIVIF I			INDIANA	TETAIL TAX EXE	
					CERTIFICATE	: NO	
			ORIGINAL - VENE	OOR'S COPY			

Prescribed by State Board of Accounts School Form No. 523 (1995)

# ACOUNTS PAYABLE VOUCHER

	Payee		
	•	Purchase Order No.	
		Terms	
		Date Due	
Invoice	Invoice	Description (or note attached invoice(s) or bill(s))	Amount
Date Number		(or note attached invoice(s) or bill(s))	Amount
		5,5	
		Total	
nized thereon		attached invoice(s), or bill(s), is (are) true and correct and that the mage were ordered and received except	
		Signature	Title
		voice(s), or bill(s), is (are) true and correct and I have audited same in accordar	nce
I hereby c h IC 5-11-10-1		oice(s), or bill(s), is (are) true and correct and I have audited same in accordar	nce
n IC 5-11-10-1		oice(s), or bill(s), is (are) true and correct and I have audited same in accordar	nce

VOUCHER NO	WARRANT NO		
	Charge These Appropriation		PAYEE
Account Number	Account Name	Amount	
		5 A	
			We have examined the invoice(s) or bill(s) attached and are approving such invoice(s), bill(s) in the amount of
			\$
			APPROVED
	Total		BOARD OF SCHOOL TRUSTEES

# Prescribed by State Board of Accounts PAYROLL SCHEDULE AND VOUCHER PAYROLL SCHEDULE AND VOUCHER

For	(Office	e, Board	, Dep	partment o	r Institut _ and E	ion) nding				_, 19			NOTE:	to which and	employee migh	t be entitled by e "Days Lost" c	the days or hours w law and under the olumn will apply onlys.	leave policies est	ablished					Page	of	Pag Fund
						DAYS C	R HOURS	S IN PE	RIO	)									DEDUCTIO	NS						
										Other	Total										Insurance	Re	tirement		Amount of	
		Approp	). 							eave	Days														Warrant	
		No.	С						С		or									С		C			ļ	
		or	0						0		Hours	Rate			Fed.	Social		State	County	0		0			(Gross Pay	
			1 1	Noncash		Sick				Days	1				W/H	Security	Medicare	W/H	W/H	d		d			Less	Warrant
_	NAME OF EMPLOYEE	Title	е	Benefits	Worke	Leave	Leave	Days	е	Hours	Paid	Pay	Gross Pay	Total	Tax	Tax	Tax	Tax	Tax	е	Amount	е	Amount		Deductions)	Number
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CODES FOR OTHER LEAVE, INSURANCE AND RETIREMENT A "Code" column has been provided to describe other leave and insurance and retirement plans. Use appropriate letters or numbers to distinguish each kind or type.

Totals

10. 11. 12. 13.

14. 15. 16.

REGULAR TIME AND OVERTIME

E X H I B

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Two lines have been provided for each employee to show regular time hours and overtime hours worked and the amount each employee earned for regular time and overtime.

DISTRIBUTION OF EXPENSE CLAIM NO. Warrant No. \_\_ Appropriation or Approp. or (Inclusive) Account Title Acct. No. Amount **PAYROLL OF** (Office, Board, Department or Institution) (Fund) **Total Gross Pay DEDUCTIONS** Federal W/H Tax Social Security Tax Medicare Tax State W/H Tax CAGIT SAMPLE Insurance Retirement COUNTY, SS: ₹ I have examined the within claim and hereby certify as follows: This is in proper form.

That it is duly authenticated as required by law. **Net Amount of Warrants** Total Gross Pay Allowed statutory authority. FILED In the Sum of \$\_\_\_\_ incorrect. contract. сотест That it is based upon That it is apparently STATE OF INDIANA, G ш Dated (Board of Commission) N

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Official Title

cribed by State Board of Acco	unts						General Form N			
		М	ILEAGE CLAI	М						
(GO	/ERNMENTAL UNIT)			то						
OFFICE, BOARD,	DEPARTMENT OR INSTITUTION)		ON ACCOUNT OF APPROPRIATION NO							
FROM DATE		ТО	••	OMETER DING+		AUTO MILES	MILEAGE @¢			
19	POINT	POINT	START	FINISH	NATURE OF BUSINESS	TRAVELED	PER MILE			
				A						
		\								
	AUTO LICENSE NO.				TOTALS					

Pursuant to the provisions and penalties of	Chapter 155, Acts 1953, I hereby certi	ify that the foregoing account is just a	and correct, that the amount claimed is	s legally due, after allowing all just credit
and that no part of the same has been paid.				

Date		

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Claim No	Warrant No.		certify as follows: That it is in proper: That it is duly author by law.	vithin claim and hereby form. enticated as required n statutory authority.
In the sum of \$		That it is apparently	correct.	
	propriation No.		Disbursin	ng Officer
AllowedIn th	ne sum of \$	V 1. 191 5 12 12 12 12 12 12 12 12 12 12 12 12 12	. 19	I certify that the within bill is true and correct; that the mileage therein Itemized and for which charge is made was ordered by me and was necessary to the public business; and that the rate per mile is in accordance with statutes or governing ordinances, except
	(Board or Commission)			correct; that the made was order he rate per mile i xcept
	FILED			mileage red by me and is in

EXHIBIT E
PAGE 2

Prescribed by State Boa	ard of Accounts				School Form No. 504
(NAME OF SCHOOL CORPORATION) (Address)  SCHEDULE OF PAYMENTS DUE SCHOOL BUS INDEPENDENT CONTRACTORS FOR PUPIL TRANSPORTATION  School  No. of days in period Period from to, 19 Date of Checks  Route Per Diem Days Amount of Checks					
S	SCHEDULE OF PAYMENTS DUE SCHOOL I	BUS INDEPE			S
School					
No. of days in	period Period from t	0	, 19 Da	ate of Checks _	
Route		Per Diem	Davs	Amount of	Check
	Name of Contractor	1			Number
- Marrison	riame of contractor	rato	Corvoa	Oncor	T T T T T T T T T T T T T T T T T T T
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	SALVE				
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To	otal this page			\$	
	otal this schedule			\$	

CLAIM NUMBER	ı	1 0	0 0 C O O
Check Nos. to (inclusive)  SCHEDULE OF PAYMENTS DUE SCHOOL BUS INDEPENDENT CONTRACTORS FOR		Date	(Sc) examined the service record of each contractor listed on performed the services for which the compensation is to contractor listed hereon is being divided or paid to any of opposite the name of each contractor is based upon the schedule totaling \$
(Name of School)			호호호
Total amount of checks \$			rd of each con which the con being divided contractor is
I have examined the within claim and hereby certify as follows: That it is in proper form. That it is duly authenticated as required by law. That it is based upon contracts.  That it is apparently  Correct.  incorrect.  (Disbursing Officer)			(School Corporation)  toof this schedule; that each contractor isted on pages toof this schedule; that each contractor for which the compensation is to be paid; that to the best of my knowledge and belief no part of the compensation is being divided or paid to any other person on account of or by reason of his employment; that the compensation ach contractor is based upon the contract on file for the route isited and is justly due each such contractor; that this is correct and has by me been approved.
Allowed, 19	ļ	I	knowl reaso
In the sum of \$	(Official Title)	(Signature)	of this schedule; that each contractor knowledge and belief no part of the compensation reason of his employment; that the compensation ed and is justly due each such contractor; that this
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			ach contractor compensation compensation compensation ractor; that this
			ctor ha ition of ition lis
(Board or Commission)			has n of any n listed s

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EXH IB

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Name

(Title)

hereby certify that I have

STATE OF INDIANA,

COUNTY, SS.

### **ACCOUNTS PAYABLE VOUCHER REGISTER**

			Governmental Unit		NOTES: (1) Use both sides of form if needed. Signatures of governing board should appear only on the final page of each meeting in which accounts payable vouchers are allowed. (2) The Memorandum column is for entering action on accounts payable vouchers if disallowed in whole or in part, if continued to a later meeting of governing board, or for other pertinent information.								
	For Period	I	Agency , 19 to	, 19			Page	of Pages					
	Prescribed b	y State Board o	r Accounts					General Form No. 364 (1997)					
	DATE FILED	VOUCHER NUMBER	NAME OF CLAIMANT	OFFICE, DEPARTMENT OR FUND	AMOUNT OF VOUCHER	AMOUNT ALLOWED	CHECK/ WARRANT NUMBER	MEMORANDUM (See Note (2) Above)					
	FILED	NOWBER	NAME OF CLAIMANT	OK FOND	VOOCHER	ALLOWED	INDIVIBER	(See Note (2) Above)					
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SAMPLA					VOUCHER	ALLOWED	NUMBER	(See Note (2) Above)
SAMPLA								
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				$\sim$	MITT -			
				212				
I hereby certify that each of the above listed vouchers and the invoices, or bills attached thereto, are true and correct and I have audi		uraby cartifut	hat each of the above liste	d vouchers and th	pe invoices or bills	attached thereto	are true and cor	rect and I have audi
e na analantanae willi N. Oct I e IVe I D								
e in accordance with IC 5-11-10-1.6.			, 19				Fiscal Offic	er er
, 19							5001 01110	· <del>-</del> ·
				ALLOWAN	ICE OF VOUCHER	RS		
, 19	(IC 5-11-10	0-2 permits th	e governing body to sign t				ng each claim the	e governing body is allow
	We vouchers n	e have exami ot allowed as	ned the vouchers listed on s shown on the Register su	the forgoing acco	ounts payable vouc allowed in the total	her register, consi	sting of page	ges, and except for
	Date this		day of	19 .				
ALLOWANCE OF VOUCHERS  i-11-10-2 permits the governing body to sign the Accounts Payable Voucher Register in lieu of signing each claim the governing body is allowing the vouchers listed on the forgoing accounts payable voucher register, consisting of pages, and except for thers not allowed as shown on the Register such vouchers are allowed in the total amount of \$			,					
Fiscal Officer  ALLOWANCE OF VOUCHERS 6-11-10-2 permits the governing body to sign the Accounts Payable Voucher Register in lieu of signing each claim the governing body is allow  We have examined the vouchers listed on the forgoing accounts payable voucher register, consisting of pages, and except for								

SIGNATURES OF GOVERNING BOARD

#### FUND LEDGER AND LEDGER OF RECEIPTS

FUND TITLE	FUND NUMBER
SOURCE OF RECEIPT	RECEIPT ACCOUNT NUMBER

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# LEDGER OF APPROPRIATIONS, ALLOTMENTS, ENCUMBRANCES, DISBURSEMENTS AND BALANCES

FUND TITLE	FUND NUMBER
FUNCTION	
EXPENDITURE ACCOUNT TITLE	ACCOUNT NUMBER

19 MO. DAY	DESCRIPTION	OBJECT CODE	PURCHASE ORDER NUMBER	$\sqrt{}$	ENC	/	/AL	UE	OF I	PUF	RCH	IAS	ΕO	RD	ER:	S	ייאום	CHECK G NUMBER	APPROPRIATION OR ALLOT AMOUNT DISBURSEMENTS			R ALLOTMENT IENTS BALANCE					_						
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# TREASURERS DAILY BALANCE OF CASH

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DATE

### **DEPOSITORIES AND INVESTMENTS**

Column 1 Column 2 Cash on Hand Beginning of Day (Line 11, preceding page) XXXXX Add Receipts for the Day (Line 1, Col. 2, opposite page) XXXXX 2 Add Investments From Depository Balances - Cashed - Cost (Line 5, Col. 3, opposite page) 3 XXXXX 4 XXXXX 5 Deduct Deposits During the Day (Line 5, Col. 2, plus Col. 3, opposite page) XXXXX Net Cash on Hand for which Accountable 6 XXXXX Cash on Hand Close of Day (Per Cash Count): 7 Currency XXXXX 8 Coins XXXXX 9 Checks and Money Orders XXXXX 10 Total Cash on Hand Close of Day XXXXX 11 Deduct Advances for Cash Change Fund (If not included in Ledger Balances) XXXXX 12 Net Cash on Hand (After Deducting Advances) XXXXX 13 Add-Depository Balance - Close of Day (Line 5, Col. 6, opposite page) XXXXX 14 Total Cash on Hand an in Depository 15 XXXXX Add Cash Under XXXXX 16 Deduct Cash Over XXXXX 17 XXXXX 18 Add Investments on Hand Close of Day (Line 8, Col. 6, opposite page) XXXXX 19 Proof (Must equal Record Balance Close of Day, Line 3, Col. 6) XXXXX 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38

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FORM PRESCRIBED BY STATE BOARD OF ACCOUNTS FORM NO. 514 (REV. 1965) TEACHER'S SERVICE RECORD SOC. SEC. NO. SCHOOL YEAR 19 - 19 RETIREMENT NO. SCHOOL CORPORATION\_\_\_\_\_\_ COUNTY \_\_\_\_\_\_ NAME \_\_\_\_\_ CONTRACT \$ \_\_\_\_\_ PER DAY \$ \_\_\_\_\_ ADDRESS \_\_\_\_ SCHOOL CORP. OF LAST EMPLOYMENT ACCUMULATED SICK LEAVE EARNED \_\_\_\_\_ CREDIT TO DATE (EXCLUDING THIS SCHOOL YEAR) PERSONAL BALANCE SICK & FAMILY OR CIVIC SICK & NAME OF RATE PAY PERIOD QUARANTINE DEATH **AFFAIRS** SUBSTITUTE EMPLOYED PER DAY DAYS QUARANTINE NO. OF **ENDING** IN DAYS DAYS DAYS DAYS DAYS GROSS DAYS DURING ABSENCE OF DAYS PAID TO REGULAR TEACHER EMPLOYED MONTH OR OTHER PERIOD LOST WORKED USED USED USED SALARY UNUSED SUBSTITUTE ACCUMULATED LEAVE BROUGHT FORWARD (BALANCE UNUSED FORMER YEARS) AVAILABLE SICK AND QUARANTINE LEAVE THIS SCHOOL YEAR (INCLUDING NOT TO EXCEED 3 DAYS CREDIT FROM LAST EMPLOYMENT)

ACCUMULATED LEAVE FORWARDED TO NEXT SCHOOL YEAR

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General Payroll Form No. 99A (Rev. 1998)

		(Unit)			
	EMPLOYEE'S	SERVICE RECORD			YEAR
REMARKS Workweek Begins: Hour of Day ; Day of Week		NAME AS ON SOCIAL SECURITY CARI	D		EMPLOYEE NUMBER
Basis of Pay: (Hr., Day, Week, Bi-Weekly, Month)		ADDRESS			ZIP CODE
Date of Birth:		SOC. SEC. NO.	CLASSIFIC	CATION	
Normal Work Schedule *		OFFICE, BOARD OR DEPT.		ATE EMPL.	LEAVE ACCRUAL DATE
1 2 3 4 5 6 7 8 9 16 17 18 19 20 21 22 23	24 25 26 27 29	14 15 REGULAR V	VACATION LEAVE AKEN   BALANCE EARNED	SICK LEAVE	OTHER LEAVE
BALANCE BROUGHT FORWARD FROM LAST YEAR	24	Y 28 Y 30 Y 31 EARNED IA	ANEIN DALAINGE EARNEL	TAKEN DALANCE	IANEN EAPLANATIO
BALANCE BROUGHT FORWARD FROM LAST TEAR					
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JUNE					
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V - VACATION LEAVE S - SICK LEAVE L - LOST	TIME OI - OTHER AUTI	HORIZED LEAVE SHOW VAC	ATION, SICK LEAVE AND	OTHER ABSENCES	IN DAYS AND HALF DA

\* EXCEPTIONS TO THE NORMAL WORK SCHEDULE SHALL BE NOTED AND ATTACHED TO THIS FORM.

Prescribe by the State Board of Accounts

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OFFICE, BO	ARD (	R DEPARTM	ENT	INIST	DI ICTIONS)		OTHER COMPI	ENSATION TYPE	=					ADDRESS			7	IP CODE
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ORM PRESCRIE	ED BY	STATE BOARD OF	ACCOUNTS	С				1									General Payroll F	orm 99B (Rev. 1985
		DATE	PAYROLL									DEDUCT	TIONS					
		OF	PERIOD	d		GROSS		FEDERAL	SOCIAL	STATE							AMOUNT OF	WARRANT
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Prescribed by S	tate Board of Accounts			Form No. 509 (1967)
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		In Payment of Claim No.	Treasurer	
Prescribed by S	tate Board of Accounts		Fund	Form No. 509 (1967)
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	\$ \$	Pay to the Order of		\$Dollars
		In Payment of Claim No.	100	
			Treasurer	
Prescribed by S	tate Board of Accounts	<b>T</b>	Fund No	Form No. 509 (1967)
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	\$\$	Order of	100	_\$Dollars
			Treasurer	

Prescribed by State Board of Accounts	PAYROLL CHECK	Form No. 516 (1967)
Fund PR Claim No.	Pay to the Order of SAMPLE	\$
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Prescribed by State Board of Accounts  Fund	PAYROLL CHECK	Form No. 516 (1967)  No. P
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	Hours Gross Federal Social State Worked Pay With. Tax Security With. Tax	Retire- Insur- ment ance
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Prescribed by State Board of Accounts	PAYROLL CHECK	Form No. 516 (1967)
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		Treasurer
Prescribed by State Board of Accounts	PAYROLL CHECK	Form No. 516 (1967)
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	Hours Gross Federal Social State Worked Pay With Tax Security With Tax	Retire- Insur- ment ance
		Treasurer
Prescribed by State Board of Accounts	PAYROLL CHECK	Form No. 516 (1967)
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		Dollars
	Hours Gross Federal Social State Worked Pay With. Tax Security With. Tax	Retire- Insur- ment ance
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ON ACCOUNT OF  TREASURER OF SCHOOL BOARD  TREASURER OF SCHOOL BOARD  School City and Town Form No. 517 (Rev. 1987)  RECEIPT OFFICE OF TREASURER OF SCHOOL BOARD  NO.  (SCHOOL CORPORATION)  19  RECEIVED FROM Amount Amount Amount Amount Amount Other  TREASURER OF SCHOOL BOARD  School City and Town Form No. 517 (Rev. 1987)  THE SUM OF  ON ACCOUNT OF  TREASURER OF SCHOOL BOARD  TREASURER OF SCHOOL BOARD  NO.  RECEIPT OFFICE OF TREASURER OF SCHOOL BOARD  NO.  SCHOOL CORPORATION)  RECEIPT OFFICE OF TREASURER OF SCHOOL BOARD  NO.  SCHOOL CORPORATION  NO.  RECEIPT OFFICE OF TREASURER OF SCHOOL BOARD  NO.  SCHOOL CORPORATION  NO.  SCHOOL CORPORATIO	Prescribed by State Board of Accounts					Scho	ol City and Town Fo	orm No. 517 (Rev. 1997)
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TREASURER OF SCHOOL BOARD  Prescribed by State Board of Accounts  School City and Town Form No. 517 (Rev. 1997)  RECEIPT  OFFICE OF TREASURER OF SCHOOL BOARD  NO.  (SCHOOL CORPORATION)  IN  19  RECEIVED FROM  THE SUM OF  ON ACCOUNT OF  SAMPLE SCHOOL BOARD  NO.  Payment Type and Amount Amount Amount Amount Amount Amount Other  S  DOLLARS								
Prescribed by State Board of Accounts  School City and Town Form No. 517 (Rev. 1997)  RECEIPT  OFFICE OF TREASURER OF SCHOOL BOARD  NO.  (SCHOOL CORPORATION)  IN  19  RECEIVED FROM  THE SUM OF  ON ACCOUNT OF  SAMPLE SCHOOL BOARD  NO.  Payment Type and Amount Amount Amount Amount Amount Amount Other  S  DOLLARS	RECEIVED FROM		OI B					\$
Prescribed by State Board of Accounts  School City and Town Form No. 517 (Rev. 1997)  RECEIPT  OFFICE OF TREASURER OF SCHOOL BOARD  NO.  (SCHOOL CORPORATION)  IN  19  RECEIVED FROM  THE SUM OF  ON ACCOUNT OF  SAMPLE SCHOOL BOARD  NO.  Payment Type and Amount Amount Amount Amount Amount Amount Other  S  DOLLARS	THE SUM OF	SA	MPILL					DOLLARS
Prescribed by State Board of Accounts  School City and Town Form No. 517 (Rev. 1997)  RECEIPT  OFFICE OF TREASURER OF SCHOOL BOARD  NO	ON ACCOUNT OF						100	_
Prescribed by State Board of Accounts  School City and Town Form No. 517 (Rev. 1997)  RECEIPT  OFFICE OF TREASURER OF SCHOOL BOARD  NO.  SCHOOL CORPORATION)  IN  19  19  RECEIVED FROM  THE SUM OF  ON ACCOUNT OF  SCHOOL CORPORATION  SCHOOL CORPORATION  Payment Type and Amount								-
Prescribed by State Board of Accounts  School City and Town Form No. 517 (Rev. 1997)  RECEIPT  OFFICE OF TREASURER OF SCHOOL BOARD  NO.  SCHOOL CORPORATION)  IN  19  19  RECEIVED FROM  THE SUM OF  ON ACCOUNT OF  SCHOOL CORPORATION  SCHOOL CORPORATION  Payment Type and Amount					2011001 20122			-
RECEIPT OFFICE OF TREASURER OF SCHOOL BOARD  NO  (SCHOOL CORPORATION)  Payment Type and Amount Cash Check/Draft MO Bank Card EFT Amount Amount Amount Amount Other  RECEIVED FROM THE SUM OF ON ACCOUNT OF  DOLLARS				TREASURER OF	SCHOOL BOARD			
RECEIPT OFFICE OF TREASURER OF SCHOOL BOARD  NO  (SCHOOL CORPORATION)  Payment Type and Amount Cash Check/Draft MO Bank Card EFT Amount Amount Amount Amount Other  RECEIVED FROM THE SUM OF ON ACCOUNT OF  DOLLARS	Prescribed by State Board of Accounts					Scho	ol City and Town Fe	orm No. 517 (Rev. 1997)
OFFICE OF TREASURER OF SCHOOL BOARD  NO				_			•	, ,
(SCHOOL CORPORATION)  Payment Type and Amount  Cash Check/Draft MO Bank Card EFT Amount Amount Amount Other  RECEIVED FROM  THE SUM OF ON ACCOUNT OF  NO.  Payment Type and Amount Amount Amount Amount Other  S  DOLLARS					RD			
(SCHOOL CORPORATION)  Payment Type and Amount  Cash Check/Draft MO Bank Card EFT Amount Amount Amount Amount Other  RECEIVED FROM  THE SUM OF  ON ACCOUNT OF  Payment Type and Amount  MO Bank Card EFT Amount Amount Other  S  DOLLARS					NO.			
RECEIVED FROM THE SUM OF ON ACCOUNT OF  TO THE SUM OF T								-
RECEIVED FROM THE SUM OF ON ACCOUNT OF  IN19	(SCHOOL CORPORATION)	Coch	Chook/Droft		Credit Card/	EET		
ON ACCOUNT OF	IN19						Other	
ON ACCOUNT OF								
ON ACCOUNT OF			NPLE					
			NA TIE				100	DOLLARS
TREASURER OF SCHOOL BOARD	ON ACCOUNT OF							-
TREASURER OF SCHOOL BOARD								=
				TREASURER OF	SCHOOL BOARD			-

### (Revised 1983)

# **REGISTER OF INVESTMENTS**

Name of Unit	Fund

(USE SEPARATE SHEET(S) FOR EACH INVESTMENT FUND. LIST EACH SECURITY INDIVIDUALLY.)

Dat		Nature		SAFEKEEPII	NG RECEIPT		Rate			AMOUNT PA	AID .	Date	AI	MOUNT RECE	IVED	EAR	INT NED	EREST REC	CEIVED
of Purch		of Investment	Serial No.	Issued By	No.	Maturity Date	of Interest	Maturity Value	Principal	Accrued Interest	Total Paid	Sold or Redeemed	Principal	Interest	Total Received	Date	Amoun	Date	Amount
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									3	MPLI	7								
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#### NOTE TO STUDENTS AND PARENTS:

Care should be exercised in the use of rented textbooks in order that all books may be returned at the close of the school term in useable condition. For each textbook lost or returned damaged beyond use, an additional charge may be made as determined by school officials. Items available for classroom use not issued to students shall also be listed. If the volume of transactions for grades with a fixed list of books and materials is great enough to demand it, a copy of the printed list may be attached to the TBR-2 form and the form processed with a reference to such attached list instead of further itemization.

	Issuing	Office
--	---------	--------

#### GENERAL FIXED ASSET ACCOUNT GROUP

FUND		 	
DEPARTMENT OR B	UILDING		

								Amount Received on	Types of General Fixed Assets n   Improvements   Machinery   Construction					
	Date of		Serial		Original Cost of	Estimated Life of	Date of Disposal of	Received on			Other Than	Machinery and	Construction in	Total Fixed
	Purchase	Description of Asset	Number	Location of Asset	Asset	Asset	Fixed Asset	Disposal or Trade in	Land	Buildings	Buildings	Equipment	Progress	Assets
4											3	1-1	3	
<u>'</u> -														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
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13						MPL								
14					<del>                                     </del>	MPL								
15					0,									
16														
17														
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28														
29														
30														

EXHIBIT

# **EXHIBIT U** PAGE 1

Prescribed by State Board of Accounts

NET AMOUNT DUE FOR TRANSPORTATION

School Form No 515 (Revised 1997)

# TRANSFER TUITION STATEMENT

			School Yea	ar 19 19 _				
TO:				School Corporatio	n		_ County	
	(Transfero	r Corporation)						
FROM:				School Corporation	n		_ County	
	(Transfere	e Corporation)						
Numbe	•	ession for Pupil Attendance	e					
Kinderg	Pupil Enrolli arten				Special Program #1	Pupil Enrollment	%	
Elemen	tary				Special Program #2			
	Jr. High High School				Special Program #3 Special Program #4			
	<b>J</b>							
	AL FUND OPERATING						Class of Caboo	
CLASS	IFIED BUDGET ACCOU	N12					Class of Schoo	1
1. INS	TRUCTION - REGULAR / ounts 11000 and/or 12000	AND SPECIAL PROGRAM , and 16100 and/or 16200	/IS - General Fund	l Only	\$			
	PPORT SERVICES - ADN ounts 21600, 23120, 2316	//INISTRATION 50, 23190, 23200, and 240	00 - General Fi	und Only				
3 (111	DDODT SERVICES - ATT	ENDANCE, HEALTH, AN		1				
	ounts 21100 through 2150		ID GOIDANGE					
4. SUI	PPORT SERVICES - OPE	ERATION AND MAINTEN	ANCE	112				
	ounts 25400 - General Fu	A .		<i>y</i>				
5. SUI	PPORT SERVICES - BUS	SINESS						
Acc	ounts 25100, 25200 (exclu	uding 25291) and 25700 -	General Fund (	Only				
	PPORT SERVICES - OTH							
Acc	ounts 22000, 25600, 2600	00, 29000, and transfers to	Self-Insurance	Fund - General Fu	ınd Only			
		GES Accounts 41100 thro			- 6			
abo	ve paid from General Fund	d through other agencies for	or appropriate c	lass of school				
8. TO	TAL OPERATING COSTS	Lines 1 through 7 - Gene	eral Fund Only			\$		
						1		
			TRA	ANSPORTATION				
NOTE:	Transportation expenses of	can be included in the Trar they are transferred and t	nsfer Tuition Sta	atement ONLY in in	stances where the tran	nsferred students are	e furnished trans	sportation
•	•	•		,	coment between the tre		ree corporations	•
	•	ccounts 25500 (except 255	550) and 26400			5		
	umber of Pupils Transport	ed			,			
Cost pe	r Pupil Transported Cost per pupil (above)	divided by number of days	school was in s	session equals cost		5		
		//				_		
	Cost per pupil per day i	multiplied by total days trar	nsported equals	cost of transportin	g pupils named in this	statement:		
	\$	X		=		\$		
	LESS: State transporta	tion distribution for transfe	rred pupils					
	\$	= \$	diotribution			\$		
	Distribution	total pupils transported	distribution per pupil	days school in session	# days transported			

# STATEMENT OF ENROLLMENT, TRANSPORTATION AND ATTENDANCE

Name of Pupil Transferred	Date of Birth	Grade	Date First Enrolled	Date Last Enrolled	# Days Enrolled	Included in ADM Count	Days provided Transpor- tation	Spec Ed Student Count by category (See Below)	Voc Ed Additional Pupil Count	Days attended in ADA Count Period
					1					
	(									
TOTALS	XXX	XXX	XXXXX	XXXXX		XXXXX		XXXXXX		

# **SPECIAL EDUCATION CATEGORIES**

A. Severe Disabilities

B. Mild and Moderate Disabilities

C. Communication Disorders (duplicated count)

D. Homebound programs

(NOTE: Types A and B are unduplicated counts)

# EXHIBIT U PAGE 3

Class of School

	tal pupil days enrolled r pupil attendance equa		alent.				
	otal Operating Costs (fr juals Per Capita Cost.					<del></del>	
\$_		/	=	= \$			
	Per Capita Cost (Section ue for Operating.	n B) times full time pu	pil equivalent (S	section A) equal	ls Gross Am	ount	
\$_		X	=	= \$		_ \$	<u> </u>
ir	ESS the following state on which the student(s) Guidelines Manual for I	is included: (Refer to	the instructions				int
	Prime time grant ur	nder IC 21-1-30 (Grad	es K-3) \$				
	Tuition Support for	basic programs	_		11		
	Enrollment Growth	Grant under IC 21-3-	1.7-9.5				
	At Risk grant under	r IC 21-3-1.7-9.7			· · · · · · · · · · · · · · · · · · ·		
	Academic Honors I under 21-3-1.7-9.8	Diploma Award			· 		
	Vocational Education	on Grant under IC 21-	3-1.8-3				
		Grant under IC 21-3-1					
	The portion of the A	ADA Flat Grant that is ent of general operating					
	·	ot apply to transfers ur ash Transfers):	der _				
	Vehicle Excise Tax				_		
	•	ise Tax are amounts	received in Ca	alendar Year ir	n which scl	nool year begin	s)
	Property Tax	T (0.1)			_		•
	County Adjusted G	ross Income Tax (CA	(ااف		_		\$
N	let Amount Due for Op	erating (Section C Mi	nus Section D).				\$
	Net Amount Due fo	r Transfer Tuition - Op	perating (E)		\$		
		r Transfer Tuition - Sp		t (G page 4)			
		r Transportation (from			_		
		t due for Transfer Tuit	ion and Transpo	rtation \$			
	Less Quarterly Pay	ments:					
		_	Date	Estimated A			
		· · · · · · · · · · · · · · · · · · ·		\$			
	٦	Third Quarter					
	<b>-</b>	Total Quarter	ly Payments		\$		
	Balance D	ue			\$		

#### **CERTIFICATION OF SPECIAL EQUIPMENT**

Α	В	С	D	E	F	G
	Original	Year	Est.	Annual	Number	Special Equip.
Description	Cost	Pur.	Life	Allocated	of	Cost for Studen
				Cost	Students	Named on Pg 2
	\$			\$		\$
		1 N				
		ン				
Fotal Special Equipment Costs		<b>I</b>				\$
urther certify that the within named students oper legal officers of:	were lawfully transferr	ed to the ab	ove name	d corporation; that th	e transfers we	ere issued by the
	(transfer	rring corpora	ation)		Co	unty, Indiana; or, in
stance of a cash transfer; authorized by		, res	siding at			addre
the parent or other person responsible for	such transfer tuition; or	r in the insta	nce of law	fully placed students	under IC 20-	8.1-6.1 that the
nsfers were issued by the proper legal office	er of		Co	ounty.		
so that the foregoing statement of transfers insportation of children who by law were fur	, attendance, cost of ednished transportation b	ducation, co by this schoo	st of transp I corporation	portation, amount du on is true and correc	e for tuition, a t, as I verily be	mount due for elieve.
ate:	10 (Si	aned)				

Governmental Unit

# **RECEIPT REGISTER**

							Payment Type and A					
Receipt Date	Receipt Number	Receip Amour	ot nt	Received From	Fund	Description	Cash Amount	Check/Draft Amount	MO Amount	Bank Card Amount	EFT Amount	Other
						T	4/1					
						MPI						
						Sim						
TOTAL												